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Application Number	09/976,769
Filing Date	October 12, 2001
First Named Inventor	Yoshimasa ISOZAKI et al.
Art Unit	2837
Examiner Name	Jeffrey Donels
Attorney Docket Number	393032020730

ENCLOSURES (Check all that apply)					
X Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC			
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences			
X Amendment/Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final	Petition to Convert to a Provisional Application	Proprietary Information			
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter			
X Extension of Time Request	Terminal Disclaimer	X Other Enclosure(s) (please Identify below):			
Express Abandonment Request	Request for Refund	Postcard			
Information Disclosure Statement	CD, Number of CD(s)				
Certified Copy of Priority Document(s)	Landscape Table on CD				
Reply to Missing Parts/ Incomplete Application	Remarks				
Reply to Missing Parts under					
	: :				
	URE OF APPLICANT, ATTORNEY, O	R AGENT			
	RSTER LLP (CN 25224) et, \ os Angeles, CA 90013				
Signature					
Printed name Mehran Arjon and					
Date February 7, 2005	Reg. No.	48,231			

I hereby certify that this corresponde an envelope addressed to: MS Ame shown below.	nce is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in ndment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date
Dated: February 7, 2005	Signature: (Mehran Arjomand)

PTO/SB/17 (12-04)
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	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known					
4 4 0005	Figes pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number		09/976,769			
FEB 1 4 2005	FEE T						October 12, 2001		
) <u>.</u>	.Œ/				First Named Inv	rentor Y	Yoshimasa ISOZAKI et al.		
PADEMARY	For FY 2005			Examiner Name	J	effrey Donels	;		
MADEN	Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2837				
	TOTAL AMOUNT OF PAYMENT (\$) 120.00			Attorney Docket	No. 3	9303202073	0		
	METHOD OF PA	YMENT (check al	l that apply)						
	Check	Credit Card	Money Order	Noi	ne Other (please identif	ỳ):		
	x Deposit Account	Deposit Accou	nt Number: 03-195	- 52	Deposit Account Na	me:	Morrison & F	oerster LI	_P
	For the abov	e-identified deposi	it account, the Direct	tor is	hereby authorize	ed to: (check	all that apply)		
	x Charge	e fee(s) indicated b	pelow		Charge	e fee(s) indic	cated below, e	xcept for t	he filing fee
	X Charge	e any additional fee under 37 CFR 1.1	e(s) or any underpa 6 and 1 17	ymer	nt of x Credit	any overpay	rments		
	FEE CALCULATI		o una 1.11						
	1. BASIC FILING, SI		AMINATION FEES						
			NG FEES	SE	ARCH FEES	EXAMINA	ATION FEES		
	Application Type	Fee (\$)	Small Entity	ee (\$	Small Entity	Eco (\$)	Small Entity	Eoos I	Paid (\$)
	Utility	300		500	<u>Fee (\$)</u> 250	<u>Fee (\$)</u> 200	<u>Fee (\$)</u> 100	<u>rees r</u>	raiu (ψ)
	Design	200		100	50	130	65	-	
	Plant	200		300	150	160	80		
	Reissue	300		500	250	600	300		-
	Provisional	200	100	0	0	000	0		
	2. EXCESS CLAIM F		1,00	U	v	U	V	•	Small Entity
	Fee Description	EES						Fee (\$)	Fee (\$)
	Each claim over 20 c	or, for Reissues, ea	ach claim over 20 a	nd m	ore than in the or	riginal pater	nt	50	25
	Each independent cla	aim over 3 or, for	Reissues, each inde	epend	lent claim more t	han in the o	riginal patent	200	100
	Multiple dependent	claims						360	180
	Total Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)	<u>Mul</u>	tiple Depende	ent Claims	
	13 20 =	x	=		0	<u>Fee</u>	<u>(\$)</u>	Fee Paid (\$ O	<u>s)</u>
	Indep. Claims	Extra Claims	Fee (\$)i	Fee F	Paid (\$)				
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	3. APPLICATION SIZ		•						
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	Total Sheets	Extra Sheets			dditional 50 or frac	-	Fee (\$)	Fee	Paid (\$)
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	4. OTHER FEE(S)					•		Fees	Paid (\$)
	• •	cification, \$130 f	fee (no small entity	disc	ount)				
	Other: 1251 E	xtension for resp	ponse within first	mon	th			12	20.00
i	SUBMITTED BY (N ()							
	Signature				Registration No. (Attorney/Agent)	48,231	Telephone	(213) 89	2-5630
	Name (Print/Type) Me	hran Arjomand			,		Date	February	7, 2005

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